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900 SW Jackson Street, Room 1031
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Kansas
Board of
Emergency Medical Services

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James R. Behan, Chair
Steven Sutton, Executive Director

Sam Brownback, Governor

# NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS K.A.R. 109-2-7, 109-2-11, 109-2-13, and 109-3-5

A public hearing will be conducted at 09:00 a.m., Wednesday, February 12, 2014, in Room 560, of the Landon State Office Building, 900 SW Jackson, Topeka, to consider the adoption of proposed changes in existing regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to Dave Cromwell the EMS Operations Manager, Room 1031, 900 SW Jackson, Topeka, Kansas 66612 or by e-mail to dave.cromwell@ems.ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulation during the hearing, In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulation and economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296, Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations are proposed for adoption on a permanent basis. A summary of the proposed regulations and the economic impact statement follows.

**K.A.R. 109-2-7, Ground ambulance staffing**. The proposed amendment adds language to include staffing requirements for a type IIA ambulance. The language was changed but the version was not adopted by the Board when several other operational regulations were, consequently failing to establish standards for staffing on type IIA ambulances.

**K.A.R. 109-2-11, Standards for type V air ambulances and equipment**. The proposed changes in this regulation adds language regarding staffing from existing **K.A.R. 109-2-13 Standards for fixed-wing ambulance aircrafts and equipment,** to make staffing consistent with both fixed-wing and rotor-wing aircrafts.

**K.A.R. 109-2-13 Standards for fixed-wing ambulance aircraft and equipment.** The proposed change removes staffing requirements and places them into 109-2-11 to regulated consistent staffing on all air ambulances regardless if they are fixed-wing or rotor-wing.

**K.A.R. 109-3-5 Advanced emergency medical technician; authorized activities.** The change to this regulation is to update the medication list which is reviewed and revised by the Medical Advisory Council annually.

The changes in these regulations are not mandated by federal law and there is no economic impact expected on the Board, other governmental agencies, private businesses, individuals, or consumers of the service.

Copies of these regulations and economic impact statements may be obtained from the Board of Emergency Medical Services at the contact information above or can be accessed at www.ksbems.org.

**109-2-7. Ground ~~and air~~ ambulance staffing.** ~~Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I, type II, and type V.~~ Each operator shall staff each licensed ground ambulance ~~shall be staffed~~ in accordance with ~~these~~ the board's regulations.

(a) Each operator of a type I ambulance service ~~operator~~ shall staff each type I ambulance with at least two attendants during patient transport.

(1) At least one attendant shall be one of the following medical personnel:

(A) A ~~mobile intensive care technician~~ paramedic;

(B) a physician;

(C) a ~~registered~~ licensed physician's assistant; ~~or~~

(D) a licensed professional nurse; or

(E) a licensed advanced practice registered nurse.

(2) The second attendant may be any of the following:

(A) An emergency medical technician;

(B) an emergency medical technician-intermediate;

(C) an emergency medical technician-defibrillator;

(D) ~~a mobile intensive care technician~~ an emergency medical technician-Intermediate/defibrillator;

(E) ~~a physician~~ an advanced emergency medical technician;

(F) a ~~registered~~ licensed physician's assistant; ~~or~~

(G) a physician; or

(H) a licensed professional nurse.

(b) Each ~~type I and~~ operator of a type II ambulance service ~~operator~~ shall staff each type II ambulance with at least two attendants. During patient transport~~.~~, one of the following shall provide care to the patient in the patient compartment:

(1) ~~At least one attendant shall be an emergency medical technician.~~

~~(2) One of the following shall be in the patient compartment during patient transport:~~

~~(A)~~ An emergency medical technician;

~~(B)~~ (2) an emergency medical technician-intermediate;

~~(C)~~ (3) an emergency medical technician-defibrillator;

~~(D)~~ (4) ~~a mobile intensive care~~ an advanced emergency medical technician;

~~(E)~~ (5) a ~~physician~~ paramedic;

~~(F)~~ (6) a ~~registered physician's assistant~~ physician; ~~or~~

~~(G)~~ (7) a licensed ~~professional nurse~~ physician's assistant;

(8) a licensed professional nurse; or

(9) a licensed advanced practice registered nurse.

(c) Each operator of a type IIA ambulance service shall staff each ambulance with at least two attendants. In addition, when appropriate staffing is available, ALS, as defined in K.A.R. 109-1-1, may be provided with the appropriate equipment and protocols. One of the following shall provide patient care appropriate to the patient's condition in the patient compartment during patient transport:

(1)(A) For BLS transports, as BLS is defined in K.A.R. 109-1-1, a care provider who is at or above the level of an emergency medical technician; and

(B) for ALS transports, a care provider who is at or above the level of an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-I/D, or advanced emergency medical technician;

(2) a paramedic;

(3) a physician;

(4) a licensed physician's assistant;

(5) a licensed professional nurse; or

(6) a licensed advanced practice registered nurse.

(d)(1) Each operator of a type V ambulance service ~~operator~~ shall staff each type V ground ambulance with a driver ~~or pilot~~ and ~~at least two medically trained persons, one of~~

~~whom shall be a physician or a licensed professional nurse.~~ at least the following:

(A) A licensed professional nurse or a physician; and

(B) any of the following:

(i) A paramedic;

(ii) a physician;

(iii) a licensed physician's assistant;

(iv) a licensed professional nurse;

(v) a licensed advanced practice registered nurse; or

(vi) a license respiratory therapist.

Additional staffing shall be commensurate with the patient's care needs as determined by the service's medical ~~advisor~~ adviser or as described in the service's medical protocols. The medical personnel shall remain in the patient compartment during patient transport.

~~(d)~~ (2) When providing critical care transports as defined in K.A.R. 109-1-1, at least one of the medical personnel on each type V ambulance shall ~~have completed and~~ be ~~current~~ currently certified in "advanced cardiac life support ~~(ACLS)," as in effect on January 1, 1997, which is adopted herein by reference, or the equivalent as~~ by a certifying entity approved by the board.

~~(c)~~ (3) When performing neonatal or pediatric missions, at least one of the medical personnel on each type V ambulance shall ~~have completed and be current~~ be currently certified in ~~"pediatric~~ advanced life support ~~(PALS)," as in effect on January 1, 1996, which is adopted herein by reference, or the equivalent as~~ for neonate and pediatric patients by a certifying entity approved by the board.

~~(f)~~ (4) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel ~~on each type V ambulance shall have completed and~~ shall be ~~current~~ certified in one of the following ~~programs as in effect on January 1, 1996, which are adopted herein by reference~~ areas:

(1) ~~"~~Advanced trauma life support (ATLS)~~"~~;

(2) ~~"flight nurse advanced trauma course (FNATC)"~~ transport nurse advanced trauma course (TNATC);

(3) ~~"~~trauma nurse core course (TNCC)~~"~~;

(4) critical care emergency medical transport program (CCEMTP); or

(5) ~~"~~pre-hospital trauma life support (PHTLS)~~"; or~~

~~(5) an equivalent course as approved by the board~~. (Authorized by K.S.A. ~~1995~~ 2013 Supp. 65-6110; implementing K.S.A. ~~1995~~ 2013 Supp. 65-6110, K.S.A. 65-6128, and K.S.A. 2013 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88- 24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997; amended P-_____.)

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-7

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-7 applies to ground ambulance staffing. The change has removed air ambulance staffing requirements and added staffing requirements for type IIA ambulances and services.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

The regulation is not mandated by federal law. The regulation is to align with the national "Scope of Practice" and provide a higher level of care to rural areas of the state by adding staffing requirements type IIA consistent with other types of ambulance licensed by the Board.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall cost to the Kansas Board of Emergency Medical Services associated with the implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private businesses, or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

The Board does not anticipate an economic impact upon customers of the services.

## VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

No less costly or intrusive methods were considered.

**109-2-11. Standards for type V air ambulances and equipment.** (a) The operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(c) The operator shall equip each type V air ambulance with the following:

(1) Either two portable functioning flashlights or a flashlight and one spotlight;

(2) a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;

(3) one emesis basin or convenience bag;

(4) one complete change of linen;

(5) one blanket;

(6) one waterproof cot cover; and

(7) a ‘‘no smoking’’ sign posted in the aircraft.

(d) Each fixed-wing air ambulance shall have a two-way communications system that is readily accessible to both the medical personnel and the pilot and that meets the following requirements:

(1) Allows communication between the aircraft and air traffic control systems; and

(2) allows air medical personnel to communicate at all times with medical control, exclusive of

the air traffic control system.

(e) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize inflight distractions and interference.

(f) The operator shall equip each type V air ambulance with an internal medical system that includes the following:

(1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to attendants and medical personnel from inside the patient compartment during in-flight operations;

(2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, nonkinking suction tubing and a semirigid, nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

(g) The operator shall equip each type V air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, nonkinking suction tubing and a semirigid, nonmetallic, oropharyngeal suction tip;

(3) medical supplies and equipment that include the following:

(A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag-valve masks, and ventilatory support equipment;

(B) a cardiac monitor capable of defibrillating and an extra battery or power source;

(C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;

(E) trauma advanced life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and

(F) a pulse oximeter and an intravenous infusion pump; and

(4) blood-borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8.

(h) If an operator's medical protocols are amended, the operator shall submit these changes to the board with a letter of approval pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by the operator. If the operator's medical equipment

list is amended, the operator shall submit these changes to the board within 15 days with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to

power patient-specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or ~~on-board~~ onboard systems.

(q)(1) Each operator of a type V ambulance service shall staff each type V air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: physician, physician assistant, advanced practice registered nurse, or professional nurse; or

(B) one of the individuals listed in paragraph (q)(1)(A) and one of the following:

(i) An MICT or paramedic; or

(ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be health care personnel as defined in K.A.R. 109-1-1. The medical personnel shall remain in the patient compartment during patient transport.

(2) Each of the individuals specified in paragraphs (q)(1)(A) and (B) shall meet the following requirements:

(A) Have current certification either in "advanced cardiovascular life support," as adopted by reference in K.A.R. 109-2-7, or in an equivalent area approved by the board; and

(B) have current certification in either "pediatric advanced life support," as adopted by reference in K.A.R. 109-2-7, or an equivalent area approved by the board and in one of the following:

(i) International trauma life support-advanced (ITLS-A);

(ii) transport nurse advanced trauma course (TNATC);

(iii) trauma nurse core course (TNCC);

(iv) certified flight registered nurse (CFRN);

(v) certified transport registered nurse (CTRN);

(vi) pre-hospital trauma life support (PHTLS);

(vii) critical care emergency medical technician paramedic (CCEMTP); or

(viii) flight paramedic-certification (FP-C). (Authorized by and implementing K.S.A. 2013 Supp. 65-6110~~, as amended by L. 2011, ch. 114, sec. 81~~; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended P-_____.)

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**Kansas Board of Emergency Medical Services**
**Economic Impact Statement**
**K.A.R. 109-2-11**

**I. Summary of Proposed Regulation, Including its purpose.** The purpose of the regulation is to ensure consistent medical standards and equipment for all Type V air ambulances.

**II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.** Staffing requirements have been moved from 109-2-13 and inserted into 109-2-11 to cover staffing on all aircrafts regardless wether they are fix-wing or rotor-wing.

**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.**

There will be no anticipated economic impact on the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.** There will be no anticipated economic impact on other governmental agencies and upon private business or Individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.** There will be no anticipated economic impact on the consumers of the service because of the regulatory changes or enforcement.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.** No less costly or intrusive measures were considered.

**109-2-13. Standards for fixed-wing ambulance aircraft and equipment.** (a) Each operator shall ensure that each fixed-wing air ambulance is pressurized during patient transports according to the ambulance service's medical protocols and operational policies.

(b) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize inflight distractions and interference.

(c) Each fixed-wing air ambulance shall have a two-way, interoperable communications system that is readily accessible to both the attendants and the pilot and that meets the following requirements:

(1) Allows communications between the aircraft and a hospital; and

(2) allows an attendant to communicate at all times with medical control, exclusive of the air traffic control system.

(d) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including the following:

(1) One urinal; and

(2) one bedpan.

~~(e)(1) Each operator of a type V ambulance service shall staff each type V air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:~~

~~(A) At least two of the following: physician, physician assistant, advanced practice registered nurse, or professional nurse; or~~

~~(B) one of the individuals listed in paragraph (e)(1)(A) and one of the following:~~

~~(i) An MICT or paramedic; or~~

~~(ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be a health care provider as defined in K.A.R. 109-1-1 (cc). The medical personnel shall remain in the patient compartment during patient transport.~~

~~(2) Each of the individuals specified in paragraphs (e)(1)(A) and (B) shall meet the following requirements:~~

~~(A) Have current certification in advanced cardiac life support (ACLS), as adopted by reference in K.A.R. 109-2-7 (e), or in an equivalent area approved by the board; and~~

~~(B) have current certification in either pediatric advanced life support, as adopted by reference in K.A.R. 109-2-7 (f), or an equivalent area approved by the board and in one of the following:~~

~~(i) International trauma life support-advanced (ITLS-A);~~

~~(ii) transport nurse advanced trauma course (TNATC);~~

~~(iii) trauma nurse core course (TNCC);~~

~~(iv) certified flight registered nurse (CFRN);~~

~~(v) certified transport registered nurse (CTRN);~~

~~(vi) pre-hospital trauma life support (PHTLS);~~

~~(vii) critical care emergency medical technician paramedic (CCEMTP); or~~

~~(viii) flight paramedic certification (FP-C).~~ (Authorized by and implementing K.S.A. 2013 Supp. 65-6110~~, as amended by L. 2011, ch. 114, sec. 81~~; effective Jan. 31, 1997; amended Jan. 27, 2012; amended P-_____.)

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-13

**I. Summary of Proposed Regulation, Including its purpose.** The purpose of the regulation is to ensure consistent medical standards and equipment for all Type V air ambulances.

**II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.** Staffing requirements have been removed from this regulation and inserted into 109-2-11 to cover staffing on all aircrafts regardless if they are fix-wing or rotor-wing.

**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.** There will be no anticipated economic impact on the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.** There will be no anticipated economic impact on other governmental agencies and upon private business or Individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.** There will be no anticipated economic impact on the consumers of the service because of the regulatory changes or enforcement.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.** No less costly or intrusive measures were considered.

**109-3-5. Advanced emergency medical technician; authorized activities.** Each advanced emergency medical technician shall be authorized to perform any intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3;

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in K.A.R. 109-3-4; and

(c) K.S.A. 65-6120, and amendments thereto, and as further specified in the following paragraphs:

(1) Advanced airway management, except for endotracheal intubation; and

(2) administration of patient-assisted and non-patient-assisted medications according to the board's "advanced EMT medication list," dated ~~May 1, 2012~~ November 6, 2013, which is hereby adopted by reference. (Authorized by K.S.A. ~~2011~~ 2013 Supp. 65-6111; implementing K.S.A. ~~2011~~ 2013 Supp. 65-6120; effective March 9, 2012; amended Nov. 2, 2012; amended P-_____.)

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-3-5

## I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-3-5 is being revised to support the updated board-approved medication list for Advanced Emergency Medical Technicians (dated October 4, 2013) that makes six changes: 1) the removal of Dopamine and Nitrous Oxide; 2) the consolidation of all opioid medications into a single category; 3) the addition of corticosteroids for the treatment of severe asthma; 4) the addition of Lidocaine for intraosseous insertion; 5) the addition of administering 1:1,000 Epinephrine from a vial; and 6) the consolidation of all beta-agonist medications into a single category.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulation further defines the scope of practice for the Advanced Emergency Medical Technician pursuant to K.S.A. 65-6120 (f) (2) [L. 2011, ch. 114, § 61; Jan. 1, 2012]. This regulation is not mandated by federal law.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

No anticipated economic impact is expected upon the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.**

No anticipated economic impact is expected to other governmental agencies, private businesses, or individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact on the consumers of the service because of the regulatory changes or enforcement.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

Less costly or less intrusive methods has no applicability to the changes in this regulation.

| | Advanced EMT Medication List | Kansas Board of EMS | November 6, 2013 |
|---|---|---|---|
| | | | |
| | **Medication** | **Method** | **Application** |
| 1 | Activated charcoal | Oral | Non-caustic overdoses |
| 2 | Albuterol and Ipratropium - premix combined | Aerosolized, nebulized | Acute asthmatic attacks, bronchospasm |
| 3 | Amiodarone | IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed. | Pulseless ventricular tachycardia; Refractory ventricular fibrillation; and interfacility transfers only. |
| 4 | Antidote - Any | Auto injector | Self or peer care |
| 5 | Aspirin | Oral | Chest pain of suspected ischemic origin only |
| 6 | Atropine/Pralidoxime chloride | Auto injector | Cholinergic/nerve gas poisoning |
| 7 | Atrovent (Ipratropium) - Pt. assisted only | Nebulized, metered dose inhaler | Dyspnea and wheezing |
| 8 | Benzodiazepine | IM, IO, IV, intranasal, rectal | Status epilepticus only |
| 9 | Beta agonist | Determined by protocol or direct contact with a physician. | Dyspnea and wheezing |
| 10 | Corticosteroids | No limitation | Severe asthma |
| 11 | Dextrose Solutions - (D10, D25, D50) | IO, IV | Acute hypoglycemia |
| 12 | Diphenhydramine hydrochloride | IM, IV, oral | Acute allergic reactions |
| 13 | Epinephrine 1:1000 | IM, SQ, Auto injector | Anaphylactic reactions |
| 14 | Epinephrine 1:10,000 | IO, IV | Cardiac arrest only |
| 15 | Glucagon | IM | Acute hypoglycemia where oral glucose or IO/IV medications cannot be given |
| 16 | Glucose | Oral | Acute hypoglycemia |
| 17 | Ipratropium | Nebulized, inhalation | Acute asthmatic attacks, bronchospasm |
| 18 | IV electrolytes/antibiotic additives | IV with pump only | Maintenance during interfacility transfer only |
| 19 | IV fluids without medications or nutrients; monitor, maintain and shut off | IV gravity or pump | Established by medical protocols |
| 20 | IV solutions - Any combination of fluids | IO, IV | Medication administration, volume expansion |
| 21 | Lidocaine | IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed. | Pulseless ventricular tachycardia; Refractory ventricular fibrillation; and interfacility transfers only. |
| 22 | Lidocaine | IO | Local anesthetic after IO initiation and prior to IO infusion. |
| 23 | Medicated inhaler - Pt. assisted only | Nebulized or metered dose | Acute asthmatic attacks, bronchospasm |
| 24 | Naloxone | IM, IO, IV, SQ, intranasal | Reversal of narcotic overdose |
| 25 | NG tube monitoring, either capped or connected to suction. Not insertion. | | |
| 26 | Nitroglycerine/nitro preparation | Dermal, oral, oral spray sublingual | Anginal pain relief |
| 27 | Ondansetron | Oral, IV, IO, IM | Nausea/Vomiting |
| 28 | Opiods | Not specified | Pain relief |
| 29 | Over the counter oral medications | Oral | Not specified |
| | | | |
| | **Legend:** IM = Intramuscular, IO = Intraosseous, IV = Intravenous, Pt. = Patient, SQ = Subcutaneous | | |